

Supported Living Protocol Checklist

Service Recipient's Name _____ Date of Birth _____
(Last, First)

Reviewer's Name _____ Date Request Submitted _____
(Last, First)

Technical Review

<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the correct funding source, site code, and service code used in Section C of the Individual Support Plan?</p> <p>If YES, continue to Question #1 in Section A, B, or C as applicable.</p> <p>If NO and the wrong funding source, site code and service code is due to a simple error, correct the error and continue to Question #1 in Section A, B, or C as applicable.</p> <p>If NO based on lack of a site code because the provider is not licensed or does not have an approved provider agreement, deny as non-covered due to failure to meet provider qualifications as specified in the waivers and in the TennCare rules applicable to the waivers.</p>
--	---

A. Initial Request for Supported Living

1. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the request for Supported Living to be provided in a home where the service recipient will live with family members who are not service recipients enrolled in the waiver program?</p> <p>If YES, stop and deny as non-covered based on the waiver service definition.</p> <p>If NO, proceed to Question #2.</p>
2. <input type="checkbox"/> YES <input type="checkbox"/> NO a. <input type="checkbox"/> YES <input type="checkbox"/> NO b. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Medical Necessity Questions (A.2.)</p> <p>a. Is there sufficient information in the ISP to justify that the service recipient needs direct support services due to (must meet (1) or (2) below):</p> <p style="margin-left: 40px;">(1) The service recipient's need for assistance with activities of daily living (e.g. bathing, dressing, personal hygiene, and eating), instrumental activities of daily living (e.g. meal preparation, household chores, budget management and attending appointments) and/or interpersonal and social skills building that will enable the service recipient to acquire, retain or improve skills necessary to live in a home in the community; OR</p> <p style="margin-left: 40px;">(2) A pattern of behavior by the service recipient that would pose a danger of harm to self or others; AND</p> <p>b. Is the service recipient age 18 years or older; AND</p>

<p>c. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>c. Is there sufficient information in the ISP and/or supporting documentation to show that at least one of the following is applicable:</p> <p>(1) The service recipient's need for direct support services and other services can NOT be safely and effectively met in the home for one of the following reasons:</p> <p>(a) The service recipient resides in a home with family members and:</p> <ul style="list-style-type: none"> i. The caregiver(s) died; OR ii. The caregiver(s) became physically or mentally incapacitated and can no longer reasonably provide caregiver services; OR iii. It is unsafe for the service recipient to remain in the home due to abuse or neglect by the caregiver(s) or other individuals residing in the home; OR iv. The service recipient has a history of aggressive or abusive behavior toward the caregiver(s) or other individuals residing in the home and the service recipient's continued presence in the home would present an imminent danger of harm to others in the home; OR <p>(b) The service recipient resides in a home with individuals other than family members AND:</p> <ul style="list-style-type: none"> i. The caregiver(s) are no longer willing or able to provide caregiver services; OR ii. It is unsafe for the service recipient to remain in the home due to abuse or neglect by the caregiver(s) or other individuals residing in the home; OR iii. The service recipient has a history of aggressive or abusive behavior toward the caregiver(s) or other individuals residing in the home and the service recipient's continued presence in the home would present an imminent danger of harm to others in the home; OR <p>(c) The service recipient is currently homeless, will be homeless within 30 days due to eviction, or is being discharged from a hospital or other institution or custody of the Department of Children's Services and the service recipient does not have family members or others who are willing or able to provide a place of residence; OR</p> <p>(2) It is more cost effective to meet the service recipient's needs for direct support services and other services through a waiver residential service rather than through the provision of other waiver services in the service recipient's home or in a home with family members or other caregivers</p> <p>If YES to all three of the criteria specified in "2.a" through "2.c" above, proceed to Question #3.</p> <p>If NO to any criterion specified in "2.a" through "2.c" above, stop and deny as <u>not medically necessary</u>. All of the unmet medical necessity criteria must be specified in the denial letter.</p>
--	--

3. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the service recipient requesting Supported Living in a 1-person Supported Living home where there would be no other service recipients? (A.3)</p> <p>If YES, go to Question #4.</p> <p>If NO, Skip to Question #5.</p>
4. <input type="checkbox"/> YES <input type="checkbox"/> NO 4.a. <input type="checkbox"/> YES <input type="checkbox"/> NO (2)a. <input type="checkbox"/> YES <input type="checkbox"/> NO (2)b. <input type="checkbox"/> YES <input type="checkbox"/> NO (2)c. <input type="checkbox"/> YES <input type="checkbox"/> NO 4.b. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Medical Necessity review questions for Supported Living in a 1-person Supported Living home where there would be no other service recipients (including Supported Living in a Companion model type where the cost will exceed the cost of Supported Living in a 2-person Supported Living home) (A.4)</p> <p>a. Is there sufficient information in the ISP and/or supporting documentation to justify that the service recipient meets ALL of the following three criteria for a Supported Living:1- person SL home:</p> <ul style="list-style-type: none"> (1) The service recipient has a documented pattern of aggressive behavior that has resulted in serious injuries (requiring medical treatment) or serious harm to others; AND (2) The service recipient (must check at least one of the following to be applicable): <ul style="list-style-type: none"> (a) Is currently exhibiting aggressive behavior that would pose a serious and imminent danger of harm to other housemates in a shared Supported Living home; OR (b) Has exhibited aggressive behavior within the past 12 month that posed a serious and imminent danger of harm to others; OR (c) Has a documented history of significant psychiatric problems or behavioral problems which, due to the extreme seriousness of previous aggressive or inappropriate behavior toward others (e.g. sexual assault, pedophilia), would reasonable be expected to place others at extreme risk of harm; AND (3) The service recipient's aggressive behavior cannot be reasonably and adequately managed in a shared residential setting, OR <p>b. Is there documentation in the Individual Support Plan (ISP) and/or supporting documentation of <i>exceptional circumstances</i> involving severe behavioral conditions (other than those specified above) or serious medical conditions which cannot be reasonably and adequately managed in a shared residential setting?</p> <p>NOTE: Any request for 1-person Supported Living based on such exceptional circumstances <u>must be approved by the DMRS Central Office</u>. Such requests must be submitted in writing and must specify the service recipient's medical conditions, diagnoses, and/or disabilities and must provide documentation specifying why the service recipient's needs can not be met in a shared residential setting.</p> <p>If YES to all of the criteria specified in "4.a(1)" through 4.a(3)" above <u>OR</u> if YES to criterion "4.b" above, stop and approve Supported Living in a 1-person Supported Living home.</p> <p>If NO to any criterion specified in "4.a(1)" through "4.a(3)" above <u>AND</u> if NO to criterion "4.b" above, stop and deny as not medically necessary <i>unless</i> Supported Living in 1-person Supported Living home or companion-type model does not exceed the cost of Supported Living in a 2-person Supported Living home. To the extent that</p>

	Supported Living is medically necessary, but there is not adequate justification that such Supported Living <i>must</i> be in a 1-person Supported Living home, the service recipient may still receive Supported Living in a 1-person Supported Living home or companion-type model if the service recipient's needs are such that the cost of providing Supported Living in a 1-person Supported Living home or companion-type model does not exceed the cost of Supported Living in a 2-person Supported Living home.
5. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the service recipient requesting to fill a vacancy in a Supported Living home that will have <u>only 2</u> service recipients because:</p> <p>a. The size of the currently existing Supported Living home is such that it can only accommodate 2 service recipients; OR</p> <p>b. The service recipient has a documented history of significant psychiatric problems or behavioral problems which justify limiting the number of service recipients in the home to two?</p> <p>If YES, stop and approve Supported Living in a 2-person Supported Living home.</p> <p>If NO, proceed to Question #6.</p>
6. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the service recipient requesting to fill a vacancy to be the <u>3rd person</u> in a 3-person Supported Living home?</p> <p>If YES, stop and approve Supported Living in a 3-person Supported Living home.</p> <p>If NO, stop and approve Supported Living in a 2-person Supported Living home on a <i>short-term basis</i> until other housemates can be arranged, in accordance with the following:</p> <p>a. Approve Supported Living in a 2-person Supported Living home for the lesser of: (1) the remainder of the current month plus the following 5 calendar months; or (2) until the end date of the annual ISP. The approval letter should specify that Supported Living in a 2-person Supported Living home is approved only for the lesser of: (1) the specified period of time; or (2) until other housemates can be arranged. If the requested duration of Supported Living in a 2-person home exceeds the amount approved by this methodology, treat the approval as a partial approval and deny the remainder as not medically necessary on the basis that Supported Living in a 2-person Supported Living home is not medically necessary.</p>
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	

B. Continuation of Supported Living in the Same Home

1. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the request for <i>continuation</i> of Supported Living to be provided in a home where the service recipient will live with family members who are not service recipients enrolled in the waiver program?</p> <p>If YES, stop and deny as non-covered service based on the waiver service definition.</p> <p>If NO, proceed to Question #2.</p>
---	--

<p>2. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Medical necessity review criteria:</p> <p>a. Is there sufficient information in the Individual Support Plan (ISP) and/or supporting documentation to show that the service recipient <i>continues</i> to need direct support services due to:</p> <p>(1) The service recipient's need for assistance with activities of daily living (e.g., bathing, dressing, personal hygiene, and eating), instrumental activities of daily living (e.g., meal preparation, household chores, budget management, and attending appointments) and/or interpersonal and social skills building that will enable the service recipient to acquire, retain, or improve skills necessary to live in a home in the community; OR</p> <p>(2) A pattern of behavior by the service recipient that would pose a danger of harm to self or others?</p> <p>If YES, proceed to Question #3.</p> <p>If NO, stop and deny as <u>not medically necessary</u>.</p>
<p>3. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the service recipient <i>currently</i> receiving Supported Living in a 1-person Supported Living home?</p> <p>If YES, proceed to Question #4.</p> <p>If NO, skip to Question #5.</p>
<p>4. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Medical necessity review questions for <i>continuation</i> of Supported Living in a 1-person Supported Living home (<i>including</i> Supported Living in a companion-type model where the cost of Supported Living will exceed the cost of Supported Living in a 2-person Supported Living home):</p> <p>a. Is there sufficient information in the Individual Support Plan (ISP) and/or supporting documentation to justify that the service recipient meets all of the following three criteria for continued Supported Living in a 1-person Supported Living home:</p> <p>(1) The service recipient has a documented pattern of aggressive behavior that has resulted in serious injuries (requiring medical treatment) or serious harm to others; AND</p> <p>(2) The service recipient:</p> <p>(a) Is currently exhibiting aggressive behavior that would pose a serious and imminent danger of harm to other housemates in a shared Supported Living home; OR</p> <p>(b) Has exhibited aggressive behavior within the past 12 months that posed a serious and imminent danger of harm to others; OR</p> <p>(c) Has a documented history of significant psychiatric problems or behavioral problems which, due to the extreme seriousness of previous aggressive or inappropriate behavior toward others (e.g., sexual assault, pedophilia), would reasonably be expected to place others at extreme risk of harm; AND</p>

	<p>(3) The service recipient's aggressive behavior cannot be reasonably and adequately managed in a shared residential setting; OR</p> <p>b. Is there documentation in the Individual Support Plan (ISP) and/or supporting documentation of <i>exceptional circumstances</i> involving:</p> <p>(1) Severe behavioral conditions (other than those specified above) or serious medical conditions which cannot be reasonably and adequately managed in a shared residential setting; OR</p> <p>(2) Ownership of a home that cannot accommodate more than one service recipient?</p> <p>NOTE: Any request for 1-person Supported Living based on such exceptional circumstances <u>must be approved by the DMRS Central Office</u>. Such requests must be submitted in writing and must specify the service recipient's medical conditions, diagnoses, and/or disabilities and must provide documentation specifying why the service recipient's needs can not be met in a shared residential setting.</p> <p>If YES to all of the criteria specified in "4.a(1)": through "4.a(3)" above OR if YES to either of the exceptional circumstances criteria specified in "4.b(1)" or "4.b(2)" above, stop and approve <i>continuation</i> of Supported Living in a 1-person Supported Living home.</p> <p>If NO to any criterion specified in "4.a(1)" through "4.a(3)" above AND if NO to criterion "5.b" above, stop and approve <i>continuation</i> of Supported Living in a 1-person Supported Living home on a short-term basis, as follows, until other housemates can be arranged.</p> <p>a. Approve <i>continuation</i> of Supported Living in a 1-person Supported Living home for <i>the lesser of</i>: (1) the remainder of the current month plus the following 5 calendar months or (2) until the end date of the annual ISP subject to "b" and "c" below. The approval letter should specify that Supported Living in a 1-person Supported Living home is approved <i>only for the lesser of</i> (1) the specified period of time; or (2) until other housemates can be arranged. If the requested duration of Supported Living in a 1-person home exceeds the amount approved by this methodology, treat the approval as a partial approval and deny the remainder as not medically necessary on the basis that <i>continuation</i> of Supported Living in a 1-person Supported Living home is not medically necessary.</p> <p>b. If Supported Living in a 1-person Supported Living home has previously been approved one time as described above and housemates have not yet been arranged, Supported Living in a 1-person Supported Living home may be approved one additional time such that the initial and second approvals do not exceed a total of 12 calendar months.</p> <p>c. If Supported Living in a 1-person Supported Living home has previously been approved for a total of 12 calendar months as described above and housemates have not yet been arranged, deny the 1-person Supported Living home as not medically necessary and approve the applicable 2-person or 3-person Supported Living home.</p> <p>d. To the extent that <i>continuation</i> of Supported Living is medically necessary, but there is not adequate justification that such Supported Living must be in a 1-person Supported Living home, the service recipient may still receive Supported</p>
--	--

	Living in a 1-person Supported Living home or companion-type model if the service recipient's needs are such that the cost of providing Supported Living in a 1-person Supported Living home or companion-type model does not exceed the cost of Supported Living in a 2-person Supported Living home.
5. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Has the number of housemates in the Supported Living home decreased from three (3) to two (2)?</p> <p>If YES, stop and approve <i>continuation</i> of Supported Living in a 2-person Supported Living home on a <i>short-term basis</i>, as follows, until another housemate can be arranged:</p> <ul style="list-style-type: none"> a. Approve <i>continuation</i> of the Supported Living service for <i>the lesser of</i>: (1) the remainder of the current month plus the following 5 calendar months or (2) until the end date of the annual ISP, subject to "5.b" and "5.c" below. The approval letter should specify that Supported Living in a 2-person Supported Living home is approved <i>only for the lesser of</i> (1) the specified period of time; or (2) until other housemates can be arranged. If the requested duration of Supported Living in a 2-person home exceeds the amount approved by this methodology, treat the approval as a partial approval and deny the remainder as <u>not medically necessary</u> on the basis that <i>continuation</i> of Supported Living in a 2-person Supported Living home is not medically necessary. b. If Supported Living in a 2-person Supported Living home has previously been approved one time as described above and housemates have not yet been arranged, Supported Living in a 2-person Supported Living home may be approved <u>one additional time</u> such that the initial and second approvals do not exceed a total of 12 calendar months. c. If Supported Living in a 2-person Supported Living home has previously been approved for a total of 12 calendar months as described above and housemates have not yet been arranged, deny the 2-person Supported Living home as <u>not medically necessary</u> and approve the 3-person Supported Living home. <p>If NO, stop and approve <i>continuation</i> of Supported Living.</p>

C. Transfer to a Different Supported Living Home and Continuation of Services

1. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the request for transfer to a home where the service recipient will live with family members who are not service recipients enrolled in the waiver program?</p> <p>If YES, stop and deny the request for transfer. Supported Living in a home where the service recipient will live with family members who are not service recipients enrolled in the waiver program is <u>non-covered</u> based on the waiver service definition.</p> <p>NOTE: To the extent that previously authorized Supported Living continues to be covered and medically necessary, <i>continuation</i> of the Supported Living <i>service</i> should be approved. Only the request for transfer is denied.</p> <p><i>Unless</i> the request for transfer involves a request for Environmental Accessibility Modifications, or a request for Supported Living in a <i>different type</i> of Supported Living home (i.e., from a 2 or 3-person Supported Living home to a 1 or 2-person Supported Living home, as applicable), the denial of a request for transfer does <u>not</u> constitute an</p>
---	---

	<p>adverse action. Room and board, as well as the specific location of the Supported Living home, are outside the scope of the waiver service definition.</p> <p>If the request for transfer <i>does</i> involve a request for Environmental Accessibility Modifications, or a request for Supported Living in a <i>different type</i> of Supported Living home (i.e., from a 2 or 3-person Supported Living home to a 1 or 2-person Supported Living home, as applicable), notice of action is required.</p> <p>If NO, proceed to Question #2.</p>
2. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Medical necessity review criteria for <i>continuation</i> of Supported Living in <i>all</i> types of Supported Living homes:</p> <p>a. Is there sufficient information in the Individual Support Plan (ISP) and/or supporting documentation to show that the service recipient <i>continues</i> to need direct support services due to:</p> <p>(1) The service recipient's need for assistance with activities of daily living (e.g., bathing, dressing, personal hygiene, and eating), instrumental activities of daily living (e.g., meal preparation, household chores, budget management, and attending appointments) and/or interpersonal and social skills building that will enable the service recipient to acquire, retain, or improve skills necessary to live in a home in the community; OR</p> <p>(2) A pattern of behavior by the service recipient that would pose a danger to self or others.</p> <p>If YES, proceed to Question #3.</p> <p>If NO, stop and deny <i>continuation</i> of Supported Living as <u>not medically necessary</u>.</p> <p>If previously approved Supported Living is reduced or terminated, issue 20 days advance notice (inclusive of mail time) of reduction or termination of services, as applicable, indicating that the services will be reduced or terminated on the 21st day from the date of the notice. The previously approved Supported Living shall continue to be authorized and reimbursed pending such advance notice period.</p>
3. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the service recipient requesting transfer to Supported Living in a 1-person Supported Living home where there would be no other service recipients?</p> <p>If YES, proceed to Question #4.</p> <p>If NO, skip to Question #8.</p>
4. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the request for Supported Living in a companion-type model?</p> <p>If YES, proceed to Question #5.</p> <p>If NO, proceed to Question #6.</p>
5. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Would there be increased costs because:</p> <p>a. The transfer to the companion-type model Supported Living home would require approval of additional Environmental Accessibility Modifications or additional</p>

	<p>MR housing assistance that would not be required in the <i>current</i> Supported Living home, OR</p> <p>b. The cost of Supported Living in the companion-type model Supported Living home would <i>exceed</i> the cost of Supported Living in the <i>current</i> home?</p> <p>If YES, to either or both criteria specified in “5.a” and “5.b” above, proceed to Question #6.</p> <p>If NO to both criteria specified in “5.a” and “5.b” above, stop and approve Supported Living in a companion-type model.</p>
<p>6. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Medical necessity review questions for Supported Living in a 1-person Supported Living home (including Supported Living in a companion-type model where transfer to such companion-type model would require approval of additional Environmental Accessibility Modifications or additional MR housing assistance that would not be required in the <i>current</i> Supported Living home OR where the cost of Supported Living will exceed the cost of such service in the <i>current</i> home):</p> <p>a. Is there sufficient information in the Individual Support Plan (ISP) and/or supporting documentation to justify that the service recipient meets all of the following three criteria for continued Supported Living in a 1-person Supported Living home:</p> <ul style="list-style-type: none"> (1) The service recipient has a documented pattern of aggressive behavior that has resulted in serious injuries (requiring medical treatment) or serious harm to others; AND (2) The service recipient: <ul style="list-style-type: none"> (a) Is currently exhibiting aggressive behavior that would pose a serious and imminent danger of harm to other housemates in a shared Supported Living home; OR (b) Has exhibited aggressive behavior within the past 12 months that posed a serious and imminent danger of harm to others; OR (c) Has a documented history of significant psychiatric problems or behavioral problems which, due to the extreme seriousness of previous aggressive or inappropriate behavior toward others (e.g., sexual assault, pedophilia), would reasonably be expected to place others at extreme risk of harm; AND (3) The service recipient's aggressive behavior cannot be reasonably and adequately managed in a shared residential setting; OR <p>b. Is there documentation in the Individual Support Plan (ISP) and/or supporting documentation of <i>exceptional circumstances</i> involving severe behavioral conditions (other than those specified above) or serious medical conditions which cannot be reasonably and adequately managed in a shared residential setting?</p> <p>NOTE: Any request for 1-person Supported Living based on such <i>exceptional circumstances</i> <u>must be approved by the DMRS Central Office</u>. Such requests must be submitted <i>in writing</i> and must specify the service recipient's medical conditions, diagnoses, and/or disabilities and must provide documentation specifying why the</p>

	<p>service recipient's needs can not be met in a shared residential setting.</p> <p>If YES to all of the criteria specified in "6.a(1)"through "6.a(3)" above <u>OR</u> if YES to the exceptional circumstances criterion specified in "6.b" above, <u>AND</u> the request is for Supported Living in a companion-type model, stop and approve Supported Living in a companion-type model.</p> <p>If YES to all of the criteria specified in "6.a(1)"through "6.a(3)" above <u>OR</u> if YES to the exceptional circumstances criterion specified in "6.b" above, <u>AND</u> the request is for Supported Living in a 1-person Supported Living home (other than a companion-type model), proceed to Question #7.</p> <p>If NO to any criterion specified in "6.a(1)" through "6.a(3)" above <u>AND</u> if NO to criterion "6.b" above, stop and deny the request for transfer.</p> <p>NOTE: To the extent that previously authorized Supported Living continues to be covered and medically necessary, <i>continuation</i> of the Supported Living <i>service</i> should be approved. Only the request for transfer is denied.</p> <p><i>Unless</i> the request for transfer involves a request for Environmental Accessibility Modifications, or a request for Supported Living in a <i>different type</i> of Supported Living home (i.e., from a 2 or 3-person Supported Living home to a 1-person Supported Living home, as applicable), the denial of a request for transfer does <u>not</u> constitute an adverse action. Room and board, as well as the specific location of the Supported Living home, are outside the scope of the waiver service definition.</p> <p>If the request for transfer <i>does</i> involve a request for Environmental Accessibility Modifications, or a request for Supported Living in a <i>different type</i> of Supported Living home (i.e., from a 2 or 3-person Supported Living home to a 1-person Supported Living home, as applicable), notice of action is required.</p> <p>All of the unmet medical necessity criteria must be specified in the denial letter.</p> <p>NOTE: To the extent that previously authorized Supported Living (e.g., Supported Living in a 2 or 3-person Supported Living home) continues to be medically necessary, <i>continuation</i> of such will be specified in the denial notice.</p>
<p>7. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Would such transfer require approval of additional Environmental Accessibility Modifications or additional MR housing assistance that would not be required in the <i>current</i> Supported Living home OR would the cost of Supported Living in a 1-person Supported Living home exceed the cost of Supported Living in the <i>current</i> home?</p> <p>If YES, and <i>continuation</i> of Supported Living services in the <i>current</i> Supported Living home is adequate to meet the service recipient's needs (including needs specified in "6.a(1)" through "6a.(3)" or "6.b" above, as applicable), deny the transfer request.</p> <p>NOTE: To the extent that previously authorized Supported Living continues to be covered and medically necessary, <i>continuation</i> of the Supported Living <i>service</i> should be approved. Only the request for transfer is denied.</p> <p><i>Unless</i> the request for transfer involves a request for Environmental Accessibility Modifications, or a request for Supported Living in a <i>different type</i> of Supported Living home (i.e., from a 2 or 3-person Supported Living home to a 1-person Supported Living home, as applicable), the denial of a request for transfer does <u>not</u> constitute an adverse action. Room and board, as well as the specific location of the Supported Living home, are outside the scope of the waiver service definition.</p>

	<p>If the request for transfer <i>does</i> involve a request for Environmental Accessibility Modifications, or a request for Supported Living in a <i>different type</i> of Supported Living home (i.e., from a 2 or 3-person Supported Living home to a 1-person Supported Living home, as applicable), notice of action is required.</p> <p>All of the unmet medical necessity criteria must be specified in the denial letter.</p> <p>If YES, but <i>continuation</i> of Supported Living services in the current Supported Living home is <u>not</u> adequate to meet the service recipient's needs (including needs specified in "6.a(1)" through 6.a(3)" or "6.b" above, as applicable), approve the transfer request to Supported Living in a 1-person Supported Living home.</p> <p>If NO, stop and approve the transfer request to Supported Living in a 1-person Supported Living home.</p>
<p>8. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the service recipient requesting to fill a vacancy in a Supported Living home that will have <u>only</u> 2 service recipients because:</p> <ul style="list-style-type: none"> a. The size of the currently existing Supported Living home is such that it can only accommodate 2 service recipients; OR b. The service recipient has a documented history of significant psychiatric problems or behavioral problems which justify limiting the number of service recipients in the home to two? <p>If YES, proceed to Question #9.</p> <p>If NO, proceed to Question #10.</p>
<p>9. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Would such transfer require approval of additional Environmental Accessibility Modifications or additional MR housing assistance that would not be required in the <i>current</i> Supported Living home OR would the cost of Supported Living in a 2-person Supported Living home <i>exceed</i> the cost of Supported Living in the <i>current</i> home?</p> <p>If YES and <i>continuation</i> of Supported Living services in the current Supported Living home is adequate to meet the service recipient's needs, deny the transfer request.</p> <p>NOTE: To the extent that previously authorized Supported Living continues to be covered and medically necessary, <i>continuation</i> of the Supported Living <i>service</i> should be approved. Only the request for transfer is denied.</p> <p><i>Unless</i> the request for transfer involves a request for Environmental Accessibility Modifications, or a request for Supported Living in a <i>different type</i> of Supported Living home (i.e., from a 3-person Supported Living home to a 2-person Supported Living home, as applicable), the denial of a request for transfer does <u>not</u> constitute an adverse action. Room and board, as well as the specific location of the Supported Living home, are outside the scope of the waiver service definition.</p> <p>If the request for transfer <i>does</i> involve a request for Environment Accessibility Modifications, or a request for Supported Living in a <i>different type</i> of Supported Living home (i.e., from a 3-person Supported Living home to a 2-person Supported Living home, as applicable), denial of such <i>service</i> request(s) as <u>not medically necessary</u> does constitute an adverse action, and notice of action is required.</p> <p>If YES, but <i>continuation</i> of Supported Living services in the current Supported Living</p>

	<p>home is <u>not</u> adequate to meet the service recipient's needs, approve the transfer request to Supported Living in a 2-person Supported Living home.</p> <p>If NO, stop and approve Supported Living in a 2-person Supported Living home.</p>
10. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the service recipient requesting to fill a vacancy to be the <u>3rd person</u> in a 3-person Supported Living home?</p> <p>If YES, proceed to Question #11.</p> <p>If NO, proceed to Question #12.</p>
11. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Would such transfer require approval of additional Environmental Accessibility Modifications or additional MR housing assistance that would not be required in the <i>current</i> Supported Living home OR would the cost of Supported Living in a 3-person Supported Living home <i>exceed</i> the cost of Supported Living in the <i>current</i> home?</p> <p>If YES, and <i>continuation</i> of Supported Living services in the current Supported Living home is adequate to meet the service recipient's needs, deny the transfer request.</p> <p>NOTE: To the extent that previously authorized Supported Living continues to be covered and medically necessary, <i>continuation</i> of the Supported Living <i>service</i> should be approved. Only the request for transfer is denied.</p> <p><i>Unless</i> the request for transfer involves a request for Environmental Accessibility Modifications, or a request for Supported Living in a <i>different type</i> of Supported Living home (i.e., from a 3-person Supported Living home to a 2-person Supported Living home, as applicable), the denial of a request for transfer does <u>not</u> constitute an adverse action. Room and board, as well as the specific location of the Supported Living home, are outside the scope of the waiver service definition.</p> <p>If the request for transfer <i>does</i> involve a request for Environmental Accessibility Modifications, or a request for Supported Living in a <i>different type</i> of Supported Living home (i.e., from a 3-person Supported Living home to a 2-person Supported Living home, as applicable), denial of such <i>service</i> request(s) as <u>not medically necessary</u> does constitute an adverse action, and notice of action is required.</p> <p>If YES, but <i>continuation</i> of Supported Living services in the current Supported Living home is <u>not</u> adequate to meet the service recipient's needs, approve the transfer request to Supported Living in a 3-person Supported Living home.</p> <p>If NO, stop and approve the transfer request to Supported Living in a 3-person Supported Living home.</p>
12. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Would such transfer require approval of additional Environmental Accessibility Modifications or additional MR housing assistance that would not be required in the <i>current</i> Supported Living home OR would the cost of Supported Living in a 2-person Supported Living home exceed the cost of Supported Living in the current home?</p> <p>If YES, and <i>continuation</i> of Supported Living services in the current Supported Living home is adequate to meet the service recipient's needs, deny the transfer request.</p> <p>NOTE: To the extent that previously authorized Supported Living continues to be covered and medically necessary, <i>continuation</i> of the Supported Living <i>service</i> should be approved. Only the request for transfer is denied.</p>

	<p><i>Unless</i> the request for transfer involves a request for Environmental Accessibility Modifications, or a request for Supported Living in a <i>different type</i> of Supported Living home (i.e., from a 3-person Supported Living home to a 2-person Supported Living home, as applicable), the denial of a request for transfer does <u>not</u> constitute an adverse action. Room and board, as well as the specific location of the Supported Living home, are outside the scope of the waiver service definition.</p> <p>If the request for transfer <i>does</i> involve a request for Environmental Accessibility Modifications, or a request for Supported Living in a <i>different type</i> of Supported Living home (i.e., from a 3-person Supported Living home to a 2-person Supported Living home, as applicable), notice of action is required.</p> <p>If YES, but <i>continuation</i> of Supported Living services in the current Supported Living home is <u>not</u> adequate to meet the service recipient's needs, approve Supported Living in a 2-person Supported Living home on a short-term basis until another housemate can be arranged, in accordance with the following:</p> <ol style="list-style-type: none"> Approve the 2-person Supported Living service for <i>the lesser of</i>: (1) the remainder of the current month plus the following 5 calendar months or (2) until the end date of the annual ISP, subject to "12.b" and "12.c" below. If the requested duration of the Supported Living service exceeds the amount approved by this methodology, treat the approval as a partial approval and deny the remainder as <u>not medically necessary</u>. The approval letter should specify that Supported Living in a 2-person Supported Living home is approved <i>only</i> for the lesser of (1) the specified period of time; or (2) until other housemates can be arranged. If the requested duration of Supported Living in a 2-person home exceeds the amount approved by this methodology, treat the approval as a partial approval and deny the remainder as <u>not medically necessary</u> on the basis that Supported Living in a 2-person Supported Living home is not medically necessary. If Supported Living in a 2-person Supported Living home has previously been approved one time as described above and housemates have not yet been arranged, Supported Living in a 2-person Supported Living home may be approved <u>one additional time</u> such that the initial and second approvals do not exceed a total of 12 calendar months. If Supported Living in a 2-person Supported Living home has previously been approved for a total of 12 calendar months as described above and housemates have not yet been arranged, deny the 2-person Supported Living home as <u>not medically necessary</u> and approve the 3-person Supported Living home. <p>If NO, stop and approve Supported Living in a 2-person Supported Living home on a short-term basis until another housemate can be arranged, in accordance with the following:</p> <ol style="list-style-type: none"> Approve the 2-person Supported Living service for <i>the lesser of</i>: (1) the remainder of the current month plus the following 5 calendar months or (2) until the end date of the annual ISP, subject to "12.b" and "12.c" below. If the requested duration of the Supported Living service exceeds the amount approved by this methodology, treat the approval as a partial approval and deny the remainder as <u>not medically necessary</u>. The approval letter should specify that Supported Living in a 2-person Supported Living home is approved <i>only</i> for the lesser of (1) the specified period of time; or (2) until other housemates can be arranged. If the requested duration of Supported Living in a 2-person home exceeds the amount approved by this methodology, treat the approval as a partial approval and deny the remainder as <u>not medically necessary</u> on the
--	--

	<p>basis that Supported Living in a 2-person Supported Living home is not medically necessary.</p> <p>b. If Supported Living in a 2-person Supported Living home has previously been approved one time as described above and housemates have not yet been arranged, Supported Living in a 2-person Supported Living home may be approved <u>one additional time</u> such that the initial and second approvals do not exceed a total of 12 calendar months.</p> <p>c. If Supported Living in a 2-person Supported Living home has previously been approved for a total of 12 calendar months as described above and housemates have not yet been arranged, deny the 2-person Supported Living home as <u>not medically necessary</u> and approve 3-person Supported Living home.</p>
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	